

Date...../...../.....
Location.....

AJ Auto Accident Report
(847-678-8400)

Unit 1

Full Name:
DL Number:
Make
Model
License Plate/Vin

Insurance provider:
Policy Number:

Unit 2

Full Name:
Make
Model
License Plate/Vin

I,, declare to be at fault and
responsible for the accident that occurred on/...../..... In the city of
.....

I understand that by signing this letter I claim all responsibility for the accident without
having a written Police Report.

Signature: Date:
...../...../.....